VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetics Division of The National Federation of the Blind

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Voice of the Diabetic is a national publication of the Diabetics Division of the National Federation of the Blind. It is read by those interested in all aspects of blindness and diabetes. We show diabetics that they have options regardless of the ramifications they may have had. We have a positive philosophy and know that positive attitudes are contagious!

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Inside This Issue

Making Molehills Out of Mountains

by Sherrie Turner

The Lord has given me a unique and marvelous opportunity to witness. Every burden or trial that my family and I have survived has served as an opportunity to deepen my faith and belief that He guides us through to a happy end.

My story begins in September of 1964 when at the age of ten my family doctor diagnosed me as an insulin-dependent diabetic. Even though my disease was stable for many years, it was a strain on my family and me. My parents blamed themselves for passing the hereditary disease on to me.

Sherrie Turner, a long-term diabetic who has sustained many complications of diabetes, is a positive person who definitely "makes molehills out of mountains."

Complications did not arise for 17 years, but in 1981 my doctor told me I was experiencing retinopathy and that I could go blind from the complications. For the next four years I had countless laser surgeries to prevent blindness. I now only have to go in for a check-up every six months. Although I can no longer drive, my vision is still quite good.

My next complication from diabetes came in March of 1982, when I developed infections on the ends of my toes from blisters caused by an allergic reaction to a new pair of shoes. I almost lost a toe, but a month-long stay in the hospital saved it.

At the time I was teaching elementary school and went back to work after the infection cleared. After a while, my health started failing again. I sometimes took two hours to prepare for work. It was hard to gain enough strength to make it through the day because I was constantly vomiting. I would get so sick sometimes that I had to miss one or even two weeks of work at a time before I was strong enough to return.

I was told in February of 1984 that I was undergoing renal failure and would need a kidney transplant soon. At 29 years of age, I wasn't ready to hear this news. I echoed the friends and family around me when they said, "Why me?" I knew I couldn't lose my faith, but the Lord gave me courage to accept my situation. My mother had decided to give me one of her kidneys for the transplant so we had no reason to wait. I could choose the most convenient time for the surgery.

Looking back, I realize now that I wasn't receiving the best medical care. My nephrologist refused to perform the transplant until my own kidneys no longer produced urine. This never happened, and by June of 1984 I had developed a kidney infection. My nephrologist did nothing to treat the condition and I ended up collapsing that August from the infection.

The doctor told me I was suffering from pericarditis, an accumulation of fluid which surrounds and smothers the heart. The surgery required to drain the fluid was postponed by my doctors. When they finally performed it my heart stopped beating due to the anesthesia. I fell into a coma for four days and during that time the doctors told my family that if I did survive I would have brain damage. We are all thankful that the doctors were wrong.

My physical condition continued to worsen. I seemed to grow weaker and weaker until I decided to check in at the Cincinnati Medical Center. The doctors there told me that fluid was building up around my lungs and it was necessary to tap them. This was unsuccessful and both of my lungs filled with fluid and I was placed on emergency hemodialysis. I continued the treatments until August for three and one-half hours at a time, three days a week. Since my doctor was afraid that dialysis could have triggered retinal bleeding, a laser treatment was performed at this time.

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Social Security, SSI and Medicare Facts for 1988

by James Gashel

The beginning of each year brings with it some annual adjustments in Social Security programs. The changes include new tax rates, higher exempt earnings amounts, Social Security and SSI cost-of-living increases, and changes in deductible and co-insurance requirements under Medicare. Here are the new facts for 1988:

FICA (Social Security) Tax Rate: The tax rate for employees and their employers during 1988 (effective January 1) is 7.51 percent. This is up from 7.15 percent during 1986 and 1987. Self-employment contributions to Social Security will be at an effective rate of 13.02 percent, up from an effective rate of 12.3 percent during 1987. The actual self-employment contribution is twice the amount of the employee contribution (or 15.02 percent in 1988), but the effect of the self-employment tax is reduced by a 2 percent income tax credit.

Ceiling on Earnings Subject to Tax: Social Security contributions will be paid during 1988 on the first $45,000.00 of earnings for employees and self-employed persons. This compares to the 1987 ceiling of $43,800.00.

James Gashel is Director of Governmental Affairs for the National Federation of the Blind.

Quarters of Coverage: Eligibility for retirement, survivors, and disability insurance benefits is based in large part on the number of quarters of coverage earned by any individual during periods of work. Anyone may earn up to four quarters of coverage during a single year. During 1987, a Social Security quarter of coverage was credited for earnings of $460.00 in any calendar quarter. Anyone who earned $1,840.00 for the year (regardless of when the earnings occurred during the year) was given four quarters of coverage. In 1988 a Social Security quarter of coverage will be credited for earnings of $470.00 for a calendar quarter, and four quarters can be earned with annual earnings of $1,880.00.

Exempt Earnings: The earnings exemption for blind people receiving Social Security Disability Insurance (SSDI) benefits is the same as the exempt amount for individuals age sixty-five through sixty-nine who receive Social Security retirement benefits. The monthly exempt amount in 1987 was $680.00. During 1988 the exempt amount will be $700.00. Technically, this exemption is referred to as an amount of monthly earnings which does not show "Substantial Gainful Activity." Earnings of $700.00 or more per month for a blind SSDI beneficiary in 1988 will show Substantial Gainful Activity after subtracting any unearned (or subsidy) income and applying any deductions for impairment-related work expenses.

Social Security Benefit Amounts for 1988: All Social Security benefits, including retirement, survivors, disability and dependents benefits, are increased by 4.2 percent beginning January, 1988. The exact dollar increase for any individual will depend upon the amount being paid.

Here are some average Social Security benefit amounts payable beginning January, 1988: average Social Security retirement check, $513.00; aged couple, both receiving benefits, $876.00; widow or widower and two children, $1,077.00; average check for disabled workers, $508.00; disabled spouse and children, $919.00; maximum retirement check for worker reaching age sixty-five in 1988, $822.00; average retirement check for worker reaching sixty-five in 1988, $513.00; minimum retirement check for worker reaching age sixty-five in 1988, $407.00.

SSI Resource Increase: There is an annual increase, effective January 1, 1988, in the amount of resources permitted for SSI (Supplemental Security Income) recipients. In 1987, individuals could have resources of $1,800.00, and couples could have $2,650.00. These amounts are increased in 1988 to $1,900.00 for individuals and $2,850.00 for couples. Resources include checking accounts, savings accounts, cash value of insurance, stocks, bonds, and similar assets. Anyone who was previously denied SSI checks on the basis of excess resources may reapply if current resources are within the 1988 limits.

Standard SSI Benefit Increase: Beginning January, 1988, the federal payment amounts for SSI individuals and couples are as follows: individuals, $354.00 per month; couples, $532.00 per month. These amounts are increased from: individuals, $340.00 per month, and couples, $510.00 per month during 1987.

Medicare Deductibles and Co-Insurance: Medicare Part A coverage provides hospital insurance to most Social Security beneficiaries. The co-insurance payment is the charge that the hospital makes to a Medicare beneficiary for any hospital stay. Medicare then pays the hospital charges above the beneficiary's co-insurance amount. The basic co-insurance amount for Medicare Part A was $520.00 for a hospital stay in 1987. If the hospital stay extended beyond sixty days but not more than ninety days, the co-insurance amount was an additional $130.00. In 1988, the Part A co-insurance amount is $540.00 for any hospital stay of sixty days or less and an additional $135.00 if the stay is beyond sixty days but not exceeding ninety days.

The Medicare Part B (medical insurance) deductible remains at an annual $75.00 amount, just as it was in 1987. The medical insurance premium which Medicare charges for Part B coverage increases, however, from $17.90 per month to $24.80 per month. This is the amount withheld from Social Security checks for Medicare Part B coverage. The cost-of-living increase for Social Security beneficiaries is greatly reduced by this substantial increase in Medicare premiums. Therefore, many Social Security checks will not be increased very much in 1988 over the corresponding amount of the actual monthly benefit in 1987.

(**Note:** Article reprinted from the February/March 1988 issue of *Braille Monitor*, published by the National Federation of the Blind.)

My Friend Pumper: A Tribute

by Royanne R. Hollins

Controlling diabetes and its management to help prevent future problems and complications is a key issue to all of us with Insulin Dependent Diabetes Mellitus (IDDM). I have been living with IDDM for over 23½ years now. My insulin therapy became very intense having progressed from 2 to 3 then 4 shots a day. Home blood glucose monitoring also became a daily part of my program for control and management.

Approximately 9 months ago when we progressed from 3 shots a day to 4 shots a day, my diabetologist also informed me that that may not be enough to bring my diabetes under control. In addition to the 4 shots a day, I would still wake up in the mornings suffering from hyperglycemia, blood sugars running from 280 to 390 and even 400 mg/dl. This experience is commonly known as the "dawn phenomenon." It began to look as though the next alternative would be to take yet another injection of insulin to be able to bring those early morning blood sugars down under control. The thought of progressing then from 4 to 5 shots a day was very depressing and a little terrifying. Not terrifying in the sense that I would not be able to do such an intensive therapy, but terrifying in the sense that all my time, it would seem, would be spent in either giving my shot, thinking of when my intermediate insulin would be peaking to make sure I was sitting down to another meal at that time, or making sure I had my latest set of blood glucose measurements on record.

At the time we began my 4 shot a day insulin therapy, my physician mentioned the possibility of an insulin pump. It seems my subconscious mind jumped at the idea of not having to take so many shots on a daily basis, not really thinking of what benefit such a device might bring with tighter control. Over the next several months, the control established through 4 shots a day, taking regular insulin before each meal and NPH at bedtime, was getting closer and closer to what my physician and I were striving for. However, that last hurdle of the high-fasting blood sugars was still yet to be overcome.

Royanne R. Hollins has an active lifestyle. She keeps her diabetes in good control with an insulin pump.

Finally, after several months of the intensive insulin therapy, my physician and I discussed in detail and very seriously about the insulin pump. He gave me the opportunity to meet with the different sales representatives, to do my own investigation of the various pumps available and to obtain information from my insurance carrier as to their willingness to reimburse me for the pump expenses.

Within 2½ months' time I had met with the sales representatives, had received verification from my insurance carrier that they would reimburse me for 80% of the cost of the pump and its supplies and had compiled my own comparison sheet on the various pumps I was considering. My physician and I sat down to a lengthy discussion on the various pumps and each of their pros and cons. Then the decision was made as to what pump to obtain at that time. In 2 weeks I was again in my doctor's office with the pump sales representative getting my "hook up" education, programming my new pump, and get-

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Ask Dr. James

by Ronald James, M.D.

For the past 37 years, Dr. Ronald James has been an insulin dependent (Type I) diabetic. He is now working with the Midwest Diabetes Treatment and Education Center in Columbia, Missouri, and is the medical director of the Central Missouri Diabetic Children's Camp, Inc.

Note: If you have any questions for Dr. James please send them to the editor. The only questions Dr. James will be able to answer are the ones used in his column.

Question 1: My hands are a bit shaky and I want to know if automatic insulin injectors might be good for me to use?

Answer 1: Without knowing more details about your "shaky hands" problem this is difficult to answer. I think you should try the automatic insulin injector to see if you are able to load and operate it. Some people with "shaky hands" may be able to use it while others won't, depending on the cause of their problem.

Ronald James, M.D., a long-term diabetic of 37 years, works at the Midwest Diabetes Treatment and Education Center in Columbia, Missouri. He is also Medical Director of Central Missouri Diabetic Children's Camp, Inc.

Question 2: I have been in and out of the hospital on several occasions and I notice that many times my insulin is not given to me at the correct time and on more than one occasion the insulin dosage had been off 2 or 3 units. I think it is obvious that hospital personnel had not been properly trained. What can I do about the situation and to whom should I go in order to rectify this problem?

Answer 2: In some hospitals, these observations are common. This is one good reason why the diabetic should attempt to maintain good control of his diabetes at home and thus avoid hospitalizations. It is true that many hospital personnel have not been properly trained in the administration of insulin. More recently many hospitals are employing a diabetes nurse specialist or diabetes nurse educator who does in-service training at the hospital and thus may help alleviate this problem. Certainly one could speak to the head nurse or the hospital administration about such problems when they occur. If it is a local community hospital where you may be able to have some input, discussion of the problem with the administration or board of directors of the hospital may be particularly helpful.

Question 3: My insulin dose has been increasing. Does this mean that my diabetes is getting worse?

Answer 3: Not necessarily, but it may. Certainly as children grow they need increasing doses of insulin. This is to be expected and something is wrong if it does not occur. On the other hand, an increase in the insulin dose may mean that you are becoming resistant to insulin, such as with increasing obesity, or that you are losing your ability to produce insulin, as often occurs. On the other hand, it is important to remember that it is usually not the amount of insulin one takes but the achievement of a good level of diabetes control that really counts.

Question 4: How can I tell if my two-year-old son is having an insulin reaction?

Answer 4: This may be somewhat difficult. However, parents frequently notice a change in the behavior of children when they are having insulin reactions. Of course, one looks for the classic signs such as sweatiness, shakiness, and so forth. At two years of age the child will probably not be able to tell you that something is wrong. The use of the blood glucose monitors to determine the blood glucose level when one suspects an insulin reaction is very helpful.

Question 5: Are fluoride tablets safe for diabetic children?

Answer 5: As far as I know the use of fluoride tablets are no different for diabetic children than for any other child.

Question 6: I observed that most cough syrups are loaded with sugar. Can I obtain a list which would tell me which cough syrups have no sugar or very little sugar?

Answer 6: Although I do not have a list of the various cough syrups that do not contain sugar, I am sure that one must be available. I would suggest contacting your local Diabetes Association for such information. On the other hand, if you take the cough syrup according to the directions, you get a relatively small volume and thus relatively small amounts of sugar. In some cases this may not be a significant problem. However, individuals should discuss this with their own physician.

If you or a friend would like to remember the National Federation of the Blind in your will, you can do so by employing the following language:

"I give, devise, and bequeath unto National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, a District of Columbia nonprofit corporation, the sum of $_____ (or "_____ percent of my net estate" or "the following stocks and bonds: _____") to be used for its worthy purposes on behalf of blind persons."

Pumper

(Continued from page 2.)

ting all unanswered questions answered.

While I was meeting the various sales representatives and going about my "investigation" on the pumps, I also reached out into the local diabetic community for contact with other IDDM diabetics who were on pump therapy for their input. I was told by one such veteran that once you have your pump, you will "never again sleep alone." At the time I thought this to be quite amusing, but after several months of pump therapy, I now know what she said is absolutely true. You are hooked up to your pump (mine I lovingly call "Pumper") 24 hours a day.

Living with an insulin pump is different. Yes, you are connected to the pump 24 hours a day (with some exception) by an infusion set consisting of the needle inserted subcutaneously, tubing that varies in length from 20 inches to 42 inches, and the syringe inside the pump itself. It is always with you. I find that a comfort. Pumper goes where I go continuously infusing small amounts of insulin into my system, as it has been programmed to do. As I do my home blood glucose monitoring, it serves to remind me that Pumper is, indeed, doing its job.

Life with Pumper has been a dream come true. I no longer have to take those 4 shots a day and no longer have the fear of progressing to 5 shots a day gnawing at me. In addition to the flexibility of not having to take so many shots a day, I have reached a level of control that I did not even dream possible until now. My blood sugar levels have dramatically lowered; I no longer have extreme swings of high and low blood sugars within hours apart in the same day; I am very excited about the control that has been achieved and have now experienced more energy than I can remember ever having. I lead an extremely full and active lifestyle, both with my home life and my chosen career field and I now have much more flexibility because of Pumper.

I feel I have benefited greatly from my doctor's aggressive treatment of my diabetes. I have also benefited from his knowledge and willingness to work with me as a pump patient. I have learned much from him and need to give him a lot of the credit for my willingness to take the step toward pump therapy and all of its benefits to date. I want to reiterate that my initial incentive for the pump therapy was to be able to forego the 4 or 5 shots a day of insulin injections. At the time we were discussing pump therapy, tighter control, flexibility and getting off the high/low roller coaster were not my main desires. Just being able to poke myself once every other day was the biggest incentive I had. The resultant control of my blood sugar levels has been a welcome side benefit from my pump therapy.

Now, when I meet new people and go places I have not been before, I want people to notice my pump and I want them to ask questions about it. I want to be able to open discussions about diabetes and all of its ramifications with everyone I meet everywhere I go. I feel I can help in educating the public and even other diabetics about IDDM.

The desire to educate people about the pump became a reality when I recently became hospitalized for a vitrectomy that I would undergo on my left eye due to complications of my proliferative diabetic retinopathy and the resultant inability to see with my left eye. My diabetologist was able to be very commanding in instructing all of those who were involved in my care at the hospital that my pump was on to stay and they were not to remove my pump under any circumstances. Approximately 12 nurses and the anesthesiologist learned through this experience with Pumper and me.

During the pre-surgery set up, the surgery itself and the post-surgery hospitalization, Pumper did not let me down. I arrived at the hospital with a blood sugar of 150. Within several hours it had only risen to 157 even with the pre-surgery stress that I was undergoing. The doctors then added glucose to my I.V. at the time to raise the sugars just a little. During post-surgery and the next two days of hospitalization my blood sugar levels never climbed higher than the low 200s and now that I am back at home and recuperating nicely from the surgery, everything is already right back on track. Pumper did not let me down and continues to serve me well.

This article is in praise of Pumper and all it stands for. Pumper stands for the benefits we all receive from the hard and intensive research that continues on our behalf. I praise the researchers, the volunteers, the educators and the physicians who are dedicated to us who must live with IDDM.

Thank you all! Thank you for giving us, the diabetics of the world, the hope that we carry from day to day—the hope that a cure and/or prevention is just around the corner. Most of all, thank you Pumper for your unfailing and continuous service to infuse me as you are programmed to do so.

Thanks my friend, thanks!

Summary of Changes Made in Exchange Lists

by Anna Katherine Jernigan

Summarized by Anna Katherine Jernigan, M.S., R.D. and reviewed by Dorothea Turner, M.S., R.D., and Dorothy Weaver, M.S.

Due to the many studies about fiber and its effects on diabetics, a committee representing the American Dietetic Association and the American Diabetes Association was appointed to update the Exchange lists.

The new Exchange List includes the following changes:

Emphasis has been placed on high-carbohydrate and high-fiber foods. Nutrient values of fruits and breads have been changed to reflect up-to-date information: The fruit list is now based on 15 grams of carbohydrate and 60 kcal* per serving. The starch/bread list has been changed to 15 grams of carbohydrate, 3 grams protein plus a trace of fat per exchange (serving) and equals 80 kcal.

The list has been expanded to include combination foods such as casseroles. One cup of a combination dish might be equal to 2 starch/bread exchanges plus 2 meat and 1 fat exchange or choice.

Free-foods are shown as those containing less than 20 kcal per serving and limited to not more than 60 kcal, spread throughout a day. Free-vegetables have been included with the free-food list.

Dried (cooked) beans and peas are listed with the bread group. If used as a meat substitute, 1 cup of cooked (dried) beans or peas equals 1 meat exchange and 2 bread exchanges.

Peanut butter has been changed to 1 tbsp. per exchange and is included in the high fat meat list. One hot dog is equal to one exchange and is also in the high fat meat list.

Starch foods prepared with fat (fried, mixed with mayonnaise or butter or other fat) are counted as 1 bread/starch plus 1 fat exchange.

Foods such as ice cream and angel food cake are recommended only for occasional use because of high fat or high sugar content. Caution is given that the use of foods from this group should be based on maintaining blood glucose control. The portion size of foods in this group is very small.

A symbol for foods that contain 400 mg. of sodium or more per serving has been added. (Sodium is usually restricted for persons who have hypertension.) There is also a symbol for foods that contain 3 or more grams of dietary fiber to emphasize high-fiber sources. A statement has been added, indicating that most fruits, vegetables and whole grain products contain 2 grams of fiber per serving (exchange).

Alcohol is discussed briefly. The statement reads that if alcohol is used it should be taken in moderation: not more than 2 equivalents of an alcoholic beverage once or twice a week. One equivalent, or 1 oz. of liquor, is equal to the amount of alcohol in a 1½ oz. shot of a distilled beverage, a 4 oz. glass of dry wine, or a 12 oz. glass of light beer. No food should be omitted when alcohol is consumed because alcohol does not require insulin for

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Cell Transplants Encourage Diabetic Scientists

DENVER (AP) --The use of fetal cells as an experimental cure for diabetics undergoing kidney transplants has proven encouraging among the first 17 patients tested, according to results compiled by a research team here.

One patient was able to reduce insulin intake from 90 units a day to fewer than 50 units, less than three months after a transplant. Others have cut their insulin intake by 30 percent or more, according to a report issued by the research project at the Barbara Davis Center for Childhood Diabetes.

During kidney transplants, researchers tuck a clump of insulin-producing cells known as islets under each patient's new kidney. In most cases, the transplanted cells have begun producing insulin, which the body needs to metabolize sugars.

Kidney failure is a common side effect of diabetes, and many diabetics require kidney transplants.

The islet cells come from pancreatic tissue of human fetuses, setting up a potentially controversial issue because the tissue almost always is the product of an abortion.

But researchers explained that the number of abortions performed in the United States far outnumbers the foreseeable demand for pancreatic tissue. Women must give their permission before the tissue can be used. They are not compensated for their consent, officials have said.

The Denver team is headed by diabetes researcher Dr. Kevin J. Lafferty, who presented the team's findings at the American Society of Transplant Physicians meeting in Bar Harbor, Maine, recently.

The center is located at the University of Colorado Health Sciences Center in Denver.

(**Note:** This article appeared in the *Rapid City Journal*, Rapid City, SD, Sept. 22, 1987.)

Karen Derrick is a registered dietitian at the Veteran's Administration Hospital of Columbia, Missouri. She is an insulin dependent diabetic who graciously calculates the diabetic exchanges and food values for our recipes.

Send your great ideas to the editor. He is the official taste tester and needs recipes to test his taster.

Chocolate Cookies
by Linda Carstens
from Virginia, MN

2 cups flour
1 tsp. soda
1 tsp. baking powder
1 tsp. salt
1/2 cup margarine
1/4 cup oil
2 tsp. vanilla
1 soupspoon Sweet-10
1/2 bottle low-cal syrup
3 eggs beaten
2 envelopes chocolate
1 cup walnuts or peanuts

Mix and drop by spoonful on cookie sheet and bake for 12 to 15 minutes at 375 degrees. Keep in refrig.

Yield: 24 (2 doz.) large; Calories: 175 (1 cookie); Diabetic Exchanges: 1 starch/bread plus 21/2 fats.

Sweet 'N' Sour Pickled Carrots
by Alma Ausburn
from Columbia, MO

3 cups sliced fresh (or 20 ozs. frozen) carrots
3/4 cup each vinegar, water and apple juice (or cider)
1 tablespoon mixed pickling spices
salt, pepper to taste

Combine carrots with remaining ingredients and simmer 10 minutes if frozen and 15 minutes if fresh. Cool, then refrigerate several hours. Remove carrots from liquid with slotted spoon. Strain liquid to remove extra spices, pour over carrots. Serve chilled.

Yield: 6 servings; Calories: 50; Diabetic Exchanges: 2 vegies

Flat Brod (Bread)
by Linda Carstens
from Virginia, MN

Linda says this great recipe is from her Norwegian mother.

2 cups white flour
2 cups whole wheat flour
1 cup cornmeal
1/2 cup shortening
1 tsp. salt
1 1/2 cups or more hot water

Mix flour, cornmeal, shortening and salt as pie crust. Add enough hot water to make a stiff dough. Take a piece of dough the size of an egg, and roll very thin. Bake on a lefse plate or griddle until light brown on both sides; then put into warm oven to crisp. Stack one on top of each other and leave in warm oven for awhile. Break up into serving pieces and store in an air tight container.

Yield: 24 brods; Calories: 140; Diabetic Exchanges: 1 1/2 starch/bread, 1 fat.

"Sick Days for the Diabetic"

by Henry Bentley

Most diabetics, at one time or another, become ill, either through their own fault or because some germs settle down in their bodies to raise families. Whatever the reason for the problem, they usually know right away that something is wrong. If they can get medical care immediately from a doctor who knows how difficult diabetes can be during illness, they are all set. This article is aimed at those not blessed by the presence of knowledgeable experts. It is prompted because I had been rather ill for three days.

I noticed the first symptoms before breakfast on a Sunday morning: coffee did not taste as good as usual, it was difficult to measure the proper dose of insulin, and—the most aggravating and frightening development of all—I COULD NOT TALK! It was not my throat because I could make noises and speak one or two words. For some reason my brain was not functioning properly. There were other symptoms: No matter how many clothes and covers were on me, I had continuous attacks of shivers and felt very cold, my blood pressure was very high, and my pulse was racing. The chills began to fade after three hours, but my blood pressure remained high and my pulse continued to race for five hours. Though my insulin dose was a total of 38 units, I could not eat; (this was not a problem for each blood sugar test was under 200 mg/dl). Because of a headache my pain killer was one aspirin every four hours.

Though I still could not talk normally, Monday was a day of recovery, and I could drink a few broths and discontinue the aspirin.

Tuesday, I took my first exercise with some light work grass and bush cutting. I could eat again and had a good appetite, but my meals were light. That evening, I was rather tired from the exercise.

At about 10:00 p.m. I lost all contact with this world. My wife claims that I became rather violent and when she gave me a glass of orange juice, I took it to the kitchen sink and said, "This is where that belongs," as I poured it down the drain. I then went to the bedroom slamming doors behind me, but returned right away. She had another glass of juice ready for me which I grabbed and heaved into the fireplace where it broke and left a mess. Then I squeezed my wife tightly (she says it was not a love squeeze), and we both fell to the floor. She escaped from me and called a nurse who lived nearby for assistance. I awoke at 11:00 p.m. with the neighbor nurse holding my hand, drawing blood from my finger, and giving me sips of orange juice. The worst part of this experience was that I had no idea of my actions while having a reaction and I have no recollection of what happened at that time. Since there was no warning of a pending reaction, what I have learned from this experience is to take more frequent blood sugar tests during and after illness.

Henry Bentley was diagnosed an insulin dependent diabetic when he was 20 years old. He is a man of many hobbies, and he keeps his diabetes in good control so that he can continue to enjoy life at its fullest.

My doctor later told me that I had suffered from a virus attack that had bothered a number of people at that time.

(Note: Henry K. Bentley was diagnosed an insulin dependent diabetic in 1943 when he was 20 years old. His motto has been, "Diet or die," and he recommends some sort of daily physical exercise.)

Welcome to Chicago

by Stephen Benson

Stephen Benson, State President, NFB of Illinois, tells us what we can look forward to at this year's National Convention in Chicago.

The members of the National Federation of the Blind of Illinois are looking forward to greeting you at the Chicago convention. There will be hospitality, worthwhile program items, and the most interesting time you have ever had in your life.

Your first impressions of the Chicago Hyatt Regency hotel may be formed by Bill, the chief doorman who is stationed at the taxi entrance of the east tower. His enthusiastic and friendly greeting is quite typical of what you will find inside.

As you exit the taxi, over your right shoulder one block to the west, is the striking white tiled Wrigley Building. Standing on the north bank of the Chicago River and on the west side of Michigan Avenue, the Wrigley Company's world headquarters marks the beginning of Chicago's Magnificent Mile. The building is brilliantly illuminated at night. It is, unquestionably, a landmark you should know about.

The Wrigley Building is also credited for marking the site of the home and business of Chicago's first permanent settler, Jean Baptiste Point du Sable. Du Sable, a black man, established his trading post in about 1779. Trading with the Indians made him what some regard as Chicago's first tycoon.

As you step inside the Hyatt's east tower, the scene before you will be a four-story glass house lobby, a dazzling expanse of light, greenery waterfalls, a 4,000 square-foot lagoon, and constant motion.

On the "Plaza," or street level, are two restaurants, Stetson's (for gourmet dining), and Scampi (a 24-hour, 285-seat European style cafe, serving ethnic and American fare and set on an island in the lagoon). The Center Club, an elegant and intimate lounge, and a gift shop are also on this level.

On the "Skyway" level, just above the Plaza, are the hotel registration area, the concierge, the Gold Passport desk, and bell stand. The Skyway can be accessed by elevator, stairs, or escalator. Between the Skyway and Plaza levels is Rumors, a multi-level lounge. This very comfortable setting is accessible from both the Skyway and Plaza levels. To all of this splendor is added the full, rich sound of a grand piano. Tuxedoed pianists provide continuous background of classical and popular selections. It lends a genuine touch of class.

On the Skyway, between the east and west towers, is a small restaurant called the Skyway. Open for breakfast or lunch, it specializes in fantastic omelets. Just inside the west tower, on the Skyway level, is Mrs. O'Leary's delicatessen and bar. It features fresh seafood and homestyle dishes in a decor that is reminiscent of a turn-of-the-century Chicago tavern. I'm told the onion soup is "out of this world."

On Sundays, from 11:00 a.m. until 3:00 p.m., the Plaza level of the west tower becomes Captain Streeters Champagne Brunch. The musical background is some of Chicago's best live jazz. Oh, the food is very good.

The Chicago Hyatt Regency is an excellent facility. It contains 185,000 square feet of meeting and exhibition space. The Grand Ballroom, two levels below the street in the east tower, contains 24,500 square feet. The Regency Ballroom, two levels below the street in the west tower, has 6,500 square feet. Wacker Hall, three levels below the street, is capable of housing exhibits of up to 70,000 square feet.

The hotel's towers are connected by a concourse one level below the street and by a Skyway one level above the street. Massive as this property is, it is laid out sensibly, mostly in straight lines.

Two important keys to remember are these: (1) the escalators in the east tower run north and south, and (2) the escalators in the west tower run east and west. Both tower lobbies have fountain/waterfalls. However, the east lobby is much larger, much busier, and the pianists play twenty-two hours per day. The taxi entrance is in the east tower. The airport entrance is in the west tower.

At the close of the Illinois affiliate's 1987 convention Diane McGeorge, National First Vice President, was overheard saying, "I like this hotel so much, I don't want to leave." You will like the hotel, too.

Within a mile of the hotel are three very familiar Chicago landmarks. Buckingham Fountain was a gift to the city in 1921 from Kate Buckingham. This magnificent fountain's central column of water rises 130 feet in the air. Its pool is 285 feet in diameter. Between 9:00 and 10:00 p.m., during the summer months, it is illuminated by a splendid rainbow of light. The fountain is patterned after Latona Fountain in Versailles. Buckingham Fountain's setting is also patterned on the gardens of Versailles.

The Berghoff Restaurant is a favorite spot for lunch and dinner. This nearly 100-year-old Chicago institution seats 400 people at a time. Its hearty fare is relatively inexpensive. It is closed on Sundays and holidays.

The seven and a quarter-ton cast bronze Marshall Field clock at Washington and State, and its twin at Randolph and State, are as much symbolic of Marshall Field and Chicago as Buckingham Fountain, the skyline, or the old Water Tower. These clocks have long been favorite rendezvous spots for visitors to the Loop.

Chicago is the place to be in July of 1988.

(**Note:** Article reprinted from the January 1988 issue of *Braille Monitor*, published monthly by the National Federation of the Blind.)

Medicine by Mail at Low Cost

by Marc Maurer

Several months ago I received a piece of mail telling me that prescription drugs and other over-the-counter medications were being offered by HSN Pharmaceuticals through the mail. The company wanted to work out a cooperative arrangement to sell these items to members of the National Federation of the Blind. It seemed to me that there were already too many drugs in America as it was. I almost threw the letter away. However, I thought about it for a moment. Many of the members of the Federation require insulin to combat diabetes. Those with kidney transplants often take medications on a daily basis. I myself have been to the doctor within the last year for a prescription. All of us take medicines now and then. After reflection, it seemed to me that the letter deserved another look.

I invited representatives of HSN Pharmaceuticals to come to the National Center for the Blind. They were understandably impressed with the facilities we have and the programs we operate. They asked us to help them establish pharmaceutical services which could serve blind people throughout the United States. They needed our expertise, and they requested assistance in reaching those who are blind. Senior company representatives made it plain that they would work with the National Federation of the Blind exclusively and that they were flexible enough to consider the real needs of the blind that must be met.

The results of negotiations are that there is now available a program which will make prescription medication and other over-the-counter medical supplies available to blind people through the mail. The containers for these medicinal substances will be marked with Braille labels along with the print. There will also be basic information included in Braille describing the characteristics of the medicine, the proper method for administering it and how often it should be taken, and the other medications or substances which should not be taken with it. Much of this information has not been easy to get in the past. It has almost never been available in Braille, and certainly not from a pharmacy.

Here is the announcement provided by HSN Pharmaceuticals, Incorporated. The company has agreed to make regular financial contributions to the National Federation of the Blind. At the moment it will be making a contribution equal to one percent of the purchase price of all orders which are generated through the National Federation of the Blind. The Federation gets credit for an order if the "group number" 10002 is used every time an order is made or referred to. This should be emphasized when you are asking members to make orders for which the Federation is to receive credit and contributions—group number 10002. Incidentally, HSN Pharmaceuticals is a division of Home Shopping Network, a company which sells household items and other merchandise by twenty-four-hour-a-day television advertising. Their operation appears to be efficiently run, and it promises to provide good service at low cost. This is the announcement:

Marc Maurer, President, National Federation of the Blind, shares with us information concerning over-the-counter medications offered through the mail.

HOME SHOPPING PHARMACY ANNOUNCES
NATIONAL FEDERATION OF THE BLIND
MEDICATION BY MAIL PROGRAM

Home Shopping Pharmacy takes pleasure in announcing the availability of its special mail order pharmacy service with features offered exclusively to members of the National Federation of the Blind. Home Shopping Pharmacy is a subsidiary of Home Shopping Network and the Home Shopping Club.

By providing service to the NFB members, we will offer many benefits that are not usually available through your neighborhood pharmacy. We are able to provide drugs at a lower cost because of our size and our buying power with many of the major drug manufacturers. We also utilize the latest state-of-the art technologies in computerized dispensing in our brand new facility. Although we utilize the computer to monitor your drug profile and control the prescription filling operation, our highly qualified staff of experienced pharmacists also give their personal touch to our service to you.

Home Shopping Pharmacy is unique in that we consider each person we provide service to as our patient, rather than as our customer. Home Shopping Pharmacy offers convenience to you through our delivery of your medication to your door through United Parcel Service. This eliminates the necessity of your getting to a pharmacy and waiting in line to have your prescriptions filled. Our toll-free telephones are available for your use in contacting our competent staff to answer your questions or to place your orders twenty-four hours a day, seven days a week.

Through our advanced computer technology, we are able to monitor the medication you are taking, as well as potential problems which could be caused by conflicting medications. This is done by building a profile of medications and health information for you from the information you provide by completing the profile form.

As a special service to the blind, we will make available both patient information and prescription labeling in Braille. All information that is embossed in Braille will also be provided in print.

In order for you to know more about the services which Home Shopping Pharmacy is offering to you, we want to include a brief description of how a prescription is filled. Our pharmacists' first direct patient contact is by telephone. In the initial call you will receive pricing and other general information. You may then place your order by sending us a prescription and a history profile. This profile acts as an enrollment form and also permits you to indicate your preference for child-proof or regular packaging. A computerized profile is created from the data you supply.

In our order entry area of our pharmacy we receive all orders, computerize all data from patient profile/enrollment forms, and input all new and refill prescriptions for electronic processing in the dispensing area. After the pharmacist has checked the order and approved the newly created profile and new prescription, the computer transmits this information to the filling area where label and auxiliary dispensing information is generated. At this point, if the patient has requested Braille information, it would be produced both in print and in Braille.

The prescription order is filled from the computer information, and is checked and labeled by a pharmacist. The completed prescriptions are then packaged and addressed for shipment to the patient. In addition, a consultation form for the patient is created. This is also prepared in Braille upon request. It provides counseling information on the use of the drug, precautions concerning drug interactions, and drug side-effect information.

Authorized refills of prescriptions are processed in much the same manner. The prescription number is entered into the computer, and the pharmacist approves the processing of each refill.

A separate and final quality control check is performed by your pharmacist before the completed order for each patient is assembled and packaged for shipment.

Each prescription is screened and checked by a pharmacist for potential adverse effects based on data provided in the patient's history/profile enrollment form. Your physician can also call us directly with either new prescriptions or refill authorizations by using our toll-free telephone number.

In most cases, the order for your prescriptions and other medications will be shipped the same day that the order is received by us. All packages are delivered to your door by United Parcel Service.

In summary, we would like briefly to review the benefits members of the National Federation of the Blind will receive by utilizing the services of Home Shopping Pharmacy. First and foremost is that we are able to offer a very professional and personalized service to you. Your Home Shopping pharmacist is as close as your telephone, and your prescriptions will arrive on your doorstep. This offers you a complete pharmacy service without leaving your home. You are assured that your prescriptions are being filled by pharmacists who utilize the latest state-of-the-art technology. That technology also allows us continually to monitor your prescription and medication therapy.

For those of you who read Braille, your prescription label as well as patient information is provided to you in Braille, in addition to being printed.

You will receive a receipt with each order for tax or reimbursement purposes.

Each of your prescriptions will be completely labeled with information on how to properly take that medication, as well as side effects you should watch for, or report to your physician.

You have the option of having your prescriptions packaged in child-proof or standard containers. You provide us that information when you complete your patient profile and this remains in your file permanently.

All of our prescription vials are sealed before the cap is installed to insure freshness and reduce the possibility of tampering.

And, unlike your corner drugstore, several pharmacists inspect each prescription before and after it is filled.

We also assure you that all drugs which we use to fill your prescription are the freshest possible because of our large volume buying from the major pharmaceutical manufacturers.

The toll-free number to call is 1-800-289-7979 (1-800-BUY-RxRx).

As a final note, Home Shopping Pharmacy wishes to thank the National Federation of the Blind and all of your members for the opportunity to provide our services to you. Our professional staff looks forward to talking to each of you in the very near future.

(**Postscript:** remember group number **10002.**)

(**Note:** Article reprinted from the Jan. 1988 issue of the Braille Monitor, a magazine published monthly by the National Federation of the Blind.)

Exchange Lists

(Continued from page 4.)

metabolism and hypoglycemia may occur.

The new exchange list will be available in large print and in Braille.

There is a new simplified version of the Exchange list entitled "Healthy Food Choices." This too, is available from the American Dietetics Association and the American Diabetes Association, and probably from any registered dietitian in your area.

*kcal = Kilocalorie = calorie

Making Molehills

(Continued from page 1.)

On August 15, 1985, my mother's kidney was transplanted into my abdomen. For days afterwards I felt I was the product of a miracle since I had been given another chance to live. My problems were not to be solved so easily, however.

In October I turned my ankle. Because of the kidney medication I was on and my soft diabetic bones, my ankle broke. I didn't know it was broken at first, and by the time I did my foot was crooked and out of place. As a result, I spent the next five months in casts, a wheelchair, and a metal leg brace. A kidney biopsy was required during the course of which the blood supply to my kidney was severely damaged.

In December of that year, I knew my mother's kidney was not going to be with me much longer. During this time doctors found blockage in my ureter, and during surgery to repair this problem a perforated intestine caused by the nephrostomy tube placed in my kidney to drain fluids was discovered. The surgery caused blood clots which impeded my kidney function for a while.

In July of 1986, my mother's kidney died due to blood poisoning caused by an abscessed tooth. My doctor discussed the possibility of placing me on continuous ambulatory peritoneal dialysis (CAPD), but we both prayed for the possibility of another transplant.

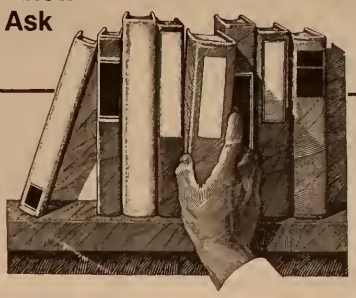
A week before I was scheduled for surgery to start CAPD, Dr. First called to say he had a kidney for me. The operation took place at 1 a.m. the next morning, October 6. My prayers had been answered.

Since the last transplant, my only problem has been with my ankle. My orthopedic surgeon felt that due to damage not only in the ankle but a crumbling bone in my leg, my entire leg might have to be amputated. Fortunately, another specialist was able to correct the problem through surgery.

I have not only the Lord to thank for the great gift I have been given, but my family and friends as well. They have helped me through all of my problems. I only have to open my eyes to see the extent of my blessings. People talk about turning molehills into mountains, but through my experiences, I have learned to make molehills out of mountains.

What You Always Wanted to Know But Didn't Know Where to Ask

(Resource List)



About 500,000 people in the U.S. are blind, and each year 50,000 more will become blind. However, blindness does not need to be the tragedy that it is generally thought to be. With proper training and knowledge, blind people can be productive, first-class citizens. But first the blind individual must know where and how to get the training or services he or she needs.

With over 50,000 members, the National Federation of the Blind (NFB) is the largest organized group of blind people in the world. The NFB has and offers extensive information on all subjects relating to blindness and pertinent to blind people. There are many popular terms to describe us, but none of them captures the work the NFB does. For some blind people, we are the path to many services. For some, we are the way to survive while trying to get services. We are an advocacy group, a provider of legal defense, a self-help group, a government watchdog, a special interest group, and a public information center with resources available to anyone who is interested.

There are local NFB chapters in almost every city of any size in the United States. These chapters can offer any of the services the NFB has, and also arrange presentations to educate and enlighten groups interested in blindness. You are urged to contact the National Federation of the Blind for information or assistance concerning any issue dealing with blindness.

You may call or write us at our headquarters:

The National Federation
of the Blind
1800 Johnson Street
Baltimore, Maryland 21230
(301) 659-9314

Or contact your local chapter of the NFB. We're out there to help you help yourself.

The Blind At Work

The Job Opportunities for the Blind (JOB) is operated by the National Federation of the Blind in partnership with the U.S. Department of Labor. JOB is a listing and referral service for blind job applicants. The organization also produces and distributes the JOB RECORDED BULLETIN and SPECIAL BULLETIN for blind job applicants and their potential employers.

If you are blind and looking for a job, they can help you with your search. JOB provides recorded materials concerning the publications of the Department of Labor and conducts seminars for blind and blind-deaf applicants to help them learn about their skills, to educate them about laws and regula-

(Continued on page 8.)

Subscription/Donation/Membership Form

Although the $2.00 annual membership fee of the Diabetics Division of the National Federation of the Blind (NFB) entitles you to a year's subscription to **Voice of the Diabetic**, production cost per annual subscription of the **Voice** is about $6.00. For this reason, we must charge all non-members, health professionals, and institutions $6.00 for an annual subscription. Of course, all donations are accepted and very much appreciated.

If you wish to become a member of the Diabetics Division of NFB, receive a copy of **Voice of the Diabetic**, or make a donation to the Diabetics Division of NFB, please check the appropriate box or boxes below:

☐ I would like to become a member of the Diabetics Division of the NFB and receive *Voice of the Diabetic:*
☐ in print ☐ on cassette tape* ☐ both in print and on cassette tape* ($2.00)
*cassette tapes are provided to the blind on-loan at no extra cost.

☐ I am a non-member or health professional who would like to receive *Voice of the Diabetic.*
(Also institutional rate) ($6.00)

☐ I would like to make a tax-deductible contribution of $_____ to the Diabetics Division of the NFB.

Please print clearly

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

Send this form or a facsimile along with your check to our president:

Karen Mayry, 919 Main Street, Suite 15, Rapid City, SD 57701.

Please make all checks payable to the **NATIONAL FEDERATION OF THE BLIND.**

Where to Ask

(Continued from page 7.)

tions, and to encourage them as much as possible in their job search.

Hiring the blind is reasonable, proper and necessary. It is time for America to recognize the blind as a competent and energetic minority in our midst. For more information concerning JOB contact:

Ms. Lorraine Rovig
Job Opportunities for the Blind
1800 Johnson Street
Baltimore, Maryland 21230
1-800-638-7518

We do not endorse the following products but simply state their availability.

Equipment

1. Glucochek S.C. Audio Monitor: new blood glucose monitor with electronic tone signals and large read-out display board. Regular price: $479.95. Special price for purchasers who mention they heard about Glucochek from the National Federation of the Blind (NFB): $399.95 (discount of $80). Price includes accessories (see *Voice of the Diabetic*, Vol. 3, No. 1, "An $80.00 Discount...," p. 25). For more details contact EquiMed Medical Products, Inc., 8347 Melrose Dr., Lenexa, KS 66214; toll-free phone number for out-of-state calls: (800) 452-7536; phone number for Kansas calls: (913) 541-0800.

For a cassette tape that further explains the Glucochek audio monitor, send $1.00 check or money order to Ed Bryant, 811 Cherry St., Suite 306, Columbia, MO 65201; phone: (314) 875-8911.

2. Insulin pumps: a) **CPI insulin pump:** a keyboard similar to that of a calculator enables diabetic to punch appropriate insulin measurement. For instance, if 2.0 is punched, two units of insulin are measured for infusion. CPI has built in alarms for unacceptable entry, low battery, blocked insulin tube, etc. Contact Betatron, Ambulatory Infusion Products Division, 4100 N. Hamline Ave., P.O. Box 64079, St. Paul, MN 55164-0079; phone: (612) 638-4000. Price: $2,850; b) **Becton-Dickinson Insulin pump:** an audible click signals the amount of insulin measured, allowing all diabetics to program their own insulin supply. This pump has extended battery life (approximately 8,760 hours), safe vented cassette delivery system instead of syringe delivery system, dual checking systems, and a dual basal rate. Contact: Becton Dickinson Infusion Systems, 2 Bridgewater Lane, Lincoln Park, NJ 07035; phone: (800) 232-8666 or (201) 633-5500. Price: $2,575.

Our Insulin Pump Committee Chairperson, Royanne Hollins, is an insulin pump user. For further information, contact her at 3042 La Rue Way, Rancho Cordova, CA 95670; home phone: (916) 369-6524, office phone: (916) 929-9271.

Cassettes

1. New Exchange List: The diabetic food exchange list is now on cassette tape. Check your regional library for the blind and physically handicapped to see if it is available. If not, notify the library that submaster tapes for duplication and distribution can be obtained from the Nebraska Library for the Blind and Physically Handicapped.

2. Three Tapes on Diabetes: a) Series 3, A & B: "Feeling Funny Is No Joke," "How to Cope with Diabetes," "How to Deal with Low and High Sugar," "Pregnancy and Diabetes," and "Giving Birth." b) Series 3, C & D: "Diabetes Foot Care," "On your Feet," "Traveling with Diabetes," "Sports and Diabetes," and "Diabetes in the Later Years." c) Series 3, E: "Diabetes in the Later Years" (continued).

The above three tapes are available at The Guild for the Blind, 180 N. Michigan Ave., Ste. 1720, Chicago, IL 60601; phone: (312) 236-8569. Cost per tape is $1.50.

Print

1. The People's Medical Manual, by Howard R. and Martha E. Lewis: an illustrated, comprehensive health book that explains the functions of body organs and details the symptoms of the most common diseases that affect these organs. Items are listed alphabetically. More than six pages are devoted to diabetes. Price $19.95. Published by Doubleday & Company, Inc., Garden City, New York, 1986.

2. Diabetic Cooking with International Flair by Ann Watson and Sue Lousley: 150 ethnic dishes, includes descriptions of various culinary customs and ethnic ingredients; color photographs. Published by HP Books, Tucson AZ. Price: $7.95.

3. Symptoms After 40, by Kenneth Anderson. An alphabetically arranged reference guide to the most common complaints and symptoms caused by the aging process. Gives explanation and remedies. Published by Arbor House, New York. Price: $19.95.

Tidbits And Humor

Elections Coming Up

At this year's National Convention in Chicago, IL, elections will be held to fill divisional board positions. These are one-year terms that will run from July 1, 1988 to June 30, 1989. Positions to be filled are: President, First Vice-President, Second Vice-President, Secretary, and Treasurer. If you are interested in a board position, or know someone who you think would do a good job, then contact Karen Mayry. Yes, hard work and dedication are prerequisites of each board position. Anything worthwhile is usually challenging and requires hard work. Leadership should be a positive force and lead by good example.

Q: Do you know why humming birds hum?
A: Because they don't know the words.

1988 National Convention Display Table

The Diabetics Division of NFB will have a display table in the exhibit hall at the Hyatt Regency Hotel. Literature will be distributed, aids to assist the blind diabetic in self-managing his disease shown and explained, and information disseminated.

We are looking for volunteer workers for this year's display table. If you can participate please notify Display Chairperson, Cheryl McCaslin, 10810 Bravura, Dallas, Tx 75217; Phone (214) 557-8774.

Inside the crochety old fool that you'd like to strangle is the nice young person you fell in love with.

Ken and Linda Carstens from Virginia, MN sent us the following: "The person who spends today wishing he'd done differently yesterday will do the same tomorrow."

Dialysis

Karen Mayry, President, Diabetics Division, NFB, announces that during the 1988 convention in Chicago, Illinois, dialysis will be available at Northwestern Memorial Hospital, Wesley Pavilion, Room 434, Superior Street at Fairbanks Court, Chicago, IL 60611; phone: 312-908-3328. Individuals requiring dialysis should contact Ms. Nancy Zotto-Vanek for a "transient patient" packet. Information forms and physician statements must be filled out prior to dialysis treatment.

Northwestern Memorial Hospital is located about one mile from the Hyatt Hotel. Cab fare is approximately $4.00 each way. Buses (available one block from the hotel) stop at the entrance to the hospital; fare is $1.00 each way. The dialysis unit is open for night hours as well as the usual day schedule.

Fees at Northwestern Memorial are a $50.00 one-time charge plus $25.00 per treatment. Please contact Nancy Zotto-Vanek as quickly as possible to make your arrangements.

How Does Your State Rank?

Currently the state with the most Diabetic Division members is Missouri. As leader of the pack, Missouri challenges any and all states to try and surpass it in membership. Recruitment of new people is an essential part of our movement, and with a little work you might catch Missouri. You should remember that Missourians are from the "Show Me" state, and they do not intend to lose their #1 ranking.

Highest Number

Submitted by Frances Allen
from Columbia, MO

My young son asked what was the highest number I had ever counted to. I didn't know but asked about his highest number. He said the highest number he had ever counted to was "5,372". "Oh," I said. "Why did you stop there?" "Church was over."

PAROLE

by Jenney Campbell
from Antrim, Ireland

I have (what I call) a condition
But it doesn't stop my life.
I work and play, laugh and cry
but I can't help but wonder "Why?".

The benevolent one says what I must do
To live right and feel good too!
Before it came I was alone
And did little else but stay at home.

Now I run, swim and exercise
For the first time I'm my proper size.
I can shop and it's much less trouble
Than before, when my size was double!

I must eat right and follow the rules
Modern technology gives me the tools.
The benevolent judge is my closest friend
Now I feel great and there's no end!

Though it judges harshly those who err
I do my best and always take care...
For maybe one day they'll defeat it
My benevolent judge - called diabetes.

Make Your Voice Heard

As editor of *Voice of the Diabetic*, I would like to hear about any foul-ups or goofs, as well as your recommendations and criticisms. Articles for "The Voice," changes of address, and other correspondence should be sent to: Ed Bryant, 811 Cherry St., Suite 306, Columbia, MO 65201. Office Phone: (314) 875-8911.